Preventive Medicine and Environmental Health
Chapter 16
Occupational Health and Safety
Chapter 17

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Introduction

•COMNAVAIRFORINST 6000.1

•These chapters address policies that promote the health, welfare, comfort and safety of the personnel stationed aboard CNAP and CNAL carriers.

•SMO is responsible for implementing Preventive Medicine, Environmental Health, and Deployment Health programs and advising the CO of all conditions affecting the health of the crew.

•The Safety Dept is responsible for the overall NAVOSH program. SMO is responsible for all medical surveillance and examination requirements of the crew.

These programs include:

- Individual Medical Readiness (IMR) & Preventive Health Assessments (PHAs)
- Communicable Disease Control & Immunizations Tracking Program
- Occupational Monitoring and Screening
- Tb Control and Surveillance Program
- Food Safety Program
- Potable Water and Ice Surveillance Program
- CHT System and Solid Waste Surveillance
- Pest Control Program
- Habitability
- Medical Waste Program
- Bloodborne Pathogen Program
- Heat Stress Program
- International Health Regulations
- Deployment Health Surveillance

Inspections and Reports

Inspections

Routine Sanitation & Habitability – to identify health threats that could be potentially degrading to the health and well-being of the ship's crew

1. Findings must be documented and reported to the CO with copies provided to DHs, DIVOs or LCPOs.

2. Inspection frequency is determined by published guidelines and instructions, CO's direction, and potential for illness or injury.

Program Reporting

Preventive Medicine/Occupational Health Reporting

1. Pertinent aspects from the Prev Med and Occ Health Programs will be submitted in the monthly Medical QA report.

2. The compliance goal for each program area is **90 percent.** The achieved compliance score should be documented for each program, including an explanation of deficiencies and corrective action.

Disease Reporting

- Ref is BUMEDINST 6220.12B

- The Medical Event Report (MER) is the primary method of reporting various medical events; including communicable diseases, injuries and outbreaks; to the Chain of Command and appropriate medical authorities

- Submit routine MERs using NDSRi or SAMS when a reportable event is suspected or confirmed. Urgent MERs shall be reported within 24 hours of suspected diagnosis with follow up when diagnosis is confirmed.

Communicable Disease Control

- Immunizations

1. Ref is BUMEDINT 6230.15A

2. **Squadron personnel should be fully immunized by their cognizant shore-based MTF prior to deployment.**

3. If a significant number of personnel arrive not fully immunized, the specifics of the immunization shortfall should be reported to the appropriate Force Medical staff in the monthly QA report

Communicable Disease Control (cont.)

- Immunizations

4. **Prev Med must provide program oversight to ensure required immunizations are administered and documented correctly.**

5. Medical personnel administering immunizations must receive annual training in the current policies and procedures

6. Immunizations are tracked through TMIP/SAMS (CVN) or MRRS (Squadron)

7. Accurate documentation in the database and individual medical record is critical.

Disease Non Battle Injuries

No more weekly reports to NMCPHC. Tracked by NMCPHC via TMIP/SAMS

No longer part of Blue M Award Computation

Hand Washing Techniques and Control

- In order to decrease the spread of communicable diseases through direct and non-direct hand contact, waterless hand sanitizers shall be used

- Waterless hand washing stations shall be located at various key locations throughout the ship and must be conspicuously mounted to bulkhead. They must, at least be located at:

1. Entrance to all galley food service lines
2. Snack food vending stations
3. Medical spaces (including patient waiting areas)
4. Liberty brows (to be used primarily during foreign port call visits)
5. Gym facilities
6. Any other area as deemed necessary by the SMO

Influenza

- OPNAV required MRRS report 90% of A/D component vaccinated by 16 Dec 14
- COMNAVAIR met goal mid NOV14
- Challenges
  - Squadron vaccination was difficult due to 24 hour work cycle and MTF 8 hour work cycle.
  - FSs and CAG Chiefs must remain proactive and work with the TYCOM to provide solutions to vaccinating squadron personnel.

Deployment Health Surveillance /Health Threat Briefs

- Information concerning endemic diseases and vectors in potential ports of call is available from NEPMUs and NECE. The phone numbers and website address are as follows:

  - **NEPMU 2 (Norfolk): (757) 953-6600, DSN: 377-6600**

    NEPMU2NorfolkThreatAssessment@med.navy.mil

  - **NEPMU 5 (San Diego): (619) 556-7070**
    threatassessment@med.navy.mil

  - **NEPMU 6 (Hawaii): (808) 471-0237**
    NEPMU6Threatassessment@med.navy.mil

  - **NECE (Jax): (904) 542-2424 ext. 3031, DSN: 942-2424**
    NECE-MEI@med.navy.mil

  - **NCMI (Maryland): (301) 619-7574, DSN: 343-7574**
    https://www.intelink.gov/ncmi/.php

Deployment Health Surveillance /Health Threat Briefs (cont)

- The Port Directory Guide for Visiting Ships is another valuable source of medical information

- SMO, as CSG Medical Officer, should request a pre-deployment brief from the supporting NEPMU prior to a major deployment for all CSG medical representatives.

- Squadron Flight Surgeons request deployment health threat briefs in same manner through cognizant NEPMU.

- Health threat education briefs must be provided to the crew/squadron prior to port calls while on overseas deployment

- Having trouble receiving Health Threat Briefs?? Call or email LT Sommeso.

Individual Medical Readiness Guidelines

- **All personnel must be seen annually by the Medical Department!**

- In addition, personnel checking in and out of the command must process through the Medical Department.

- Goal of IMR program is 90% or better compliance at all times

- DHs will be notified prior to the beginning of each birth month of personnel requiring annual medical readiness verification. DHs will also be notified of personnel failing to complete their IMR/PHA evaluation and verification

Individual Medical Readiness Guidelines

- Each dept aboard the ship shall assign a BMR Liaison representative to facilitate the completion of all medical requirements

- A monthly summary of the overall crew medical readiness will be generated and reported in the monthly medical QA report

- TYCOM medical will conduct an IMRI annually. Indicators (routine imms, labs, PHA, deployment limiting conditions and dental) will be evaluated based on a review of approximately 120 randomly selected medical records

Preventive Health Assessments

- Navy policies directing PHAs are detailed in OPNAVINST 6120.3. Specific guidance may be obtained from either the TYCOM or the NMCPHC.

- PHAs purpose is to consolidate medical, occ health and risk screening services, medical record review, preventive counseling, and risk communication under one annual assessment for all active duty service members

- It is suggested that commands complete their assessments during the individual's birth month. Commands may elect to follow another mechanism of ensuring annual assessment

Deployment Health Assessments

Ref:

DoD 6490.3 Deployment Health

OPNAV 6100.3A Deployment Health Assessment

NAVADMIN 007/12 of 04 Jan 12

System of Record used by CFFC is MRRS and NFAAS.

<u>Please be sure to read the new OPNAVINST 6100.3A**</u>**

Overdue PDHRAs will prevent service member from completing PARFQ and participating in PFA.

PDHA / PDHRA

Reporting process:

Compliance metric:

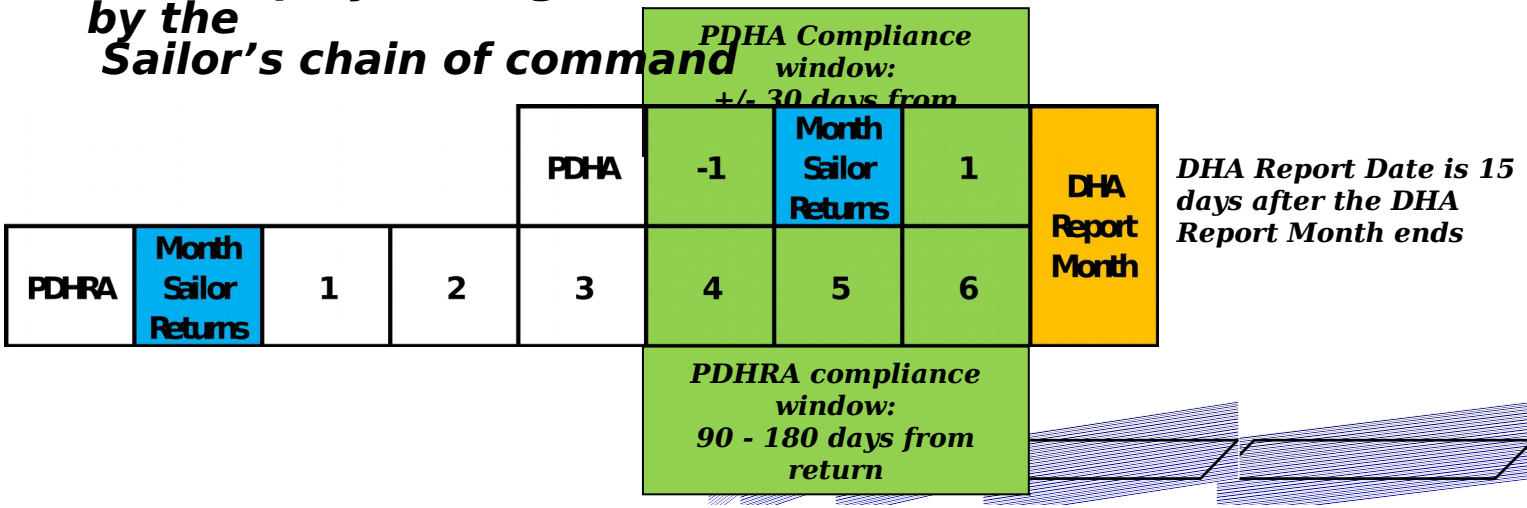
A Sailor in the reporting population completed the assessment in the compliance window as documented in the Medical Readiness Reporting System (MRRS)

Overdue metric:

A running total of outstanding PDHRAs since March, 2004

Reporting population:

- Individual Augmentees: Identified via NFAAS
-Unit deployers (e.g. NECC, AIRFOR, SPECWAR): Identified by the Sailor's chain of command



DHA Report Date is 15 days after the DHA Report Month ends

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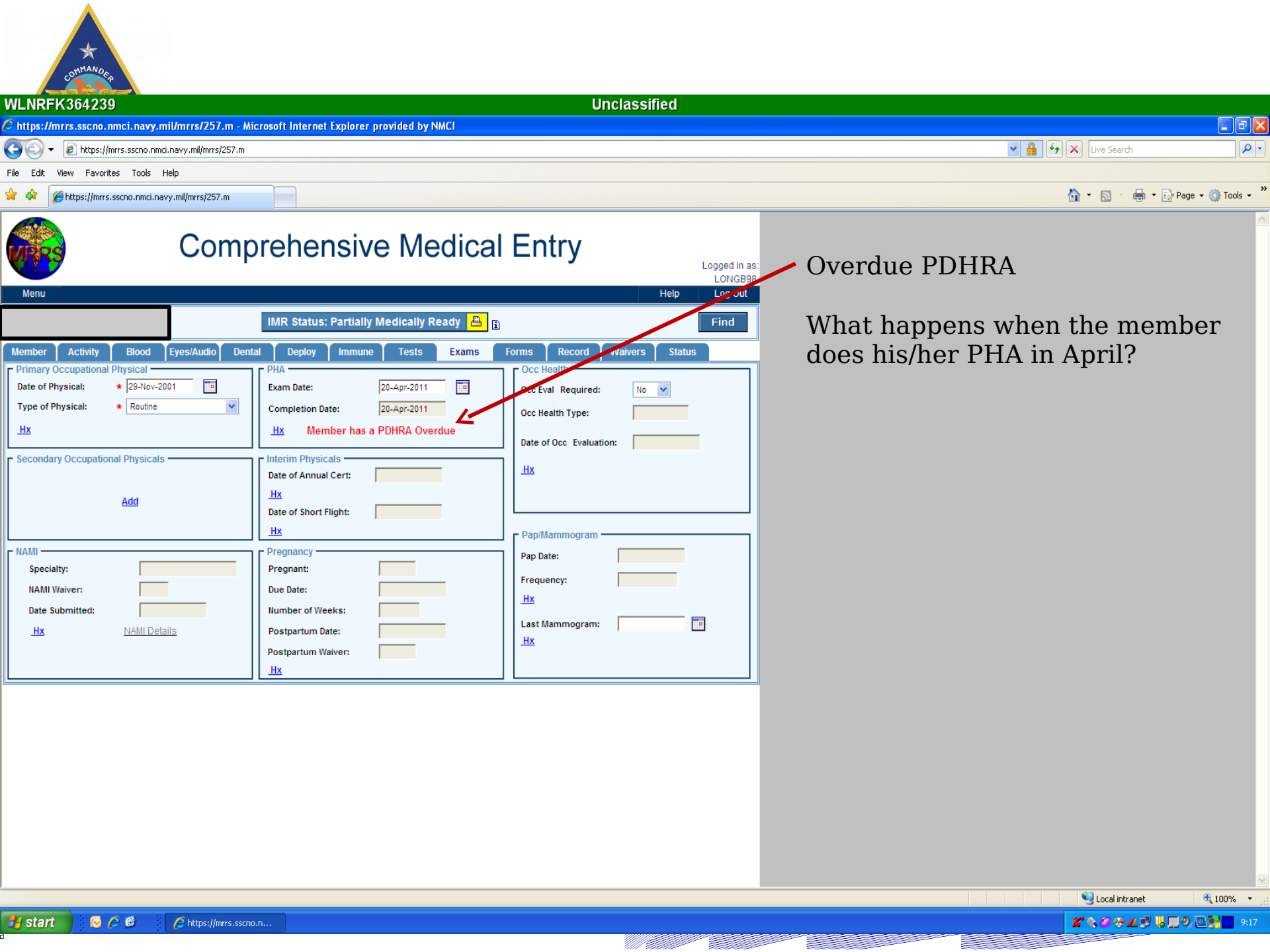
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Find
Member
Activity
Blood
Eyes/Audio
Dental
Deploy
Immune
Tests
Exams
Forms
Record
Waivers
Status
Primary Occupational Physical
Date of Physical: 29-Nov-2001
Type of Physical: Routine
Hx
PHA
Exam Date: 20-Apr-2011
Completion Date: 20-Apr-2011
Hx
Member has a PDHRA Overdue
Occ Health
Occ Eval Required: No
Occ Health Type:
Date of Occ Evaluation:
Hx
Secondary Occupational Physicals
Add
Interim Physicals
Date of Annual Cert:
Hx
Date of Short Flight:
Hx
NAMI
Specialty:
NAMI Waiver:
Date Submitted:
Hx
NAMI Details
Pregnancy
Pregnant:
Due Date:
Number of Weeks:
Postpartum Date:
Postpartum Waiver:
Hx
Pap/Mammogram
Pap Date:
Frequency:
Hx
Last Mammogram:
Hx
Overdue PDHRA
What happens when the member does his/her PHA in April?

The Way Ahead

From NAVADMIN 007/12 of 4 JAN 12

COMMAND RESPONSIBILITIES FOR PDHRA COMPLIANCE:

A. **MONITOR ON A MONTHLY BASIS THE PDHRA REQUIREMENT FOR MEMBERS OF THE COMMAND IDENTIFIED BY THE MEDICAL READINESS REPORTING SYSTEM (MRRS)**.

COMMANDS WITHOUT ACCESS TO MRRS SHOULD CONTACT THEIR IMMEDIATE SUPERIOR IN COMMAND (ISIC) TO OBTAIN MRRS REPORTS BY INDIVIDUAL UIC. JOINT COMMANDS REQUIRING MRRS ACCESS SHOULD CONTACT THE USFF POC LISTED IN PARA 11.

B. **KNOW THE DEPLOYMENT HISTORIES OF THE SAILORS** IN THE COMMAND AND ENSURE ALL DHA REQUIREMENTS IN REF A ARE MET FOR PERSONNEL WHO EXECUTED QUALIFYING DEPLOYMENTS.

C. VALIDATE DHA COMPLETION AS PART OF THE CHECK-IN, CHECK-OUT PROCESS PER REF A.

- Use the CIAC and Admin Offices of your command

The Way Ahead

10. **TO ACCOMPLISH THE ONE-TIME MEDICAL RECORD REVIEW OF SAILORS WHO HAVE COMPLETED A QUALIFYING DEPLOYMENT**, NAVY COMMANDERS ARE DIRECTED TO PERFORM THE FOLLOWING ACTIONS:

A. ACCESS MRRS TO DETERMINE MEMBERS OF THE COMMAND WHO REQUIRE DHAS. FOR SAILORS WHO REQUIRE DHAS, VERIFY THE COMPLETION OF THE DD 2900 FOR THE SAILOR'S MOST RECENT DEPLOYMENT.

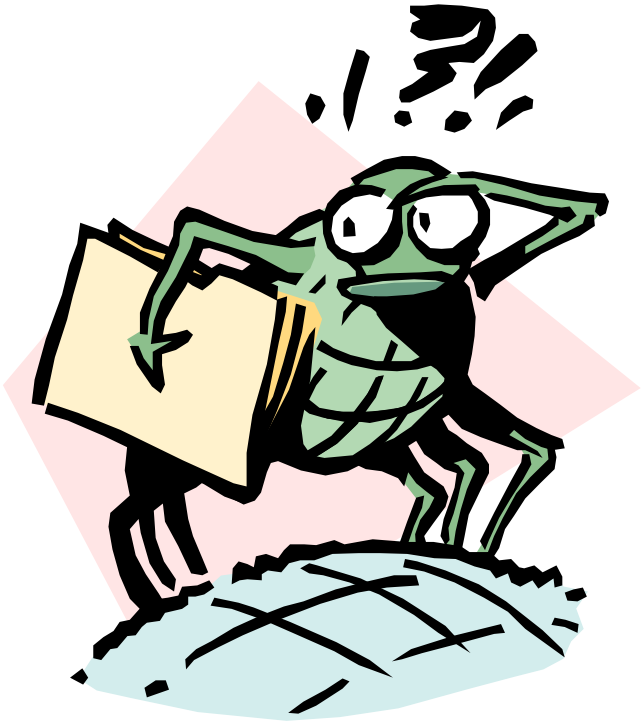
B. IF COMPLETION OF DD 2900 IS NOT REFLECTED IN MRRS, BUT A PAPER COPY IS PRESENT IN SAILOR'S MEDICAL RECORD, TRANSFER THE INFORMATION TO AN ELECTRONIC DD 2900 AND SUBMIT VIA EDHA.

C. IF THE SERVICE MEMBER HAS NOT COMPLETED A DD 2900, DIRECT COMPLETION PER PROCEDURES IN PARA 7.

D. **THIS REVIEW SHALL BE COMPLETED NLT 15 FEB 12 TO ENSURE THE MRRS DATA ACCURATELY REFLECTS DHA COMPLIANCE.** ECHELON II COMMANDERS AND NAVY ELEMENT COMMANDERS (JOINT COMMANDS) SHALL REPORT COMPLETION OF THIS REVIEW TO THE USFF POC LISTED IN PARA 11.

Preventive Medicine and Environmental Health

Occupational Health and Safety



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Occ Health

- Work closely with SafetyO and IHO to identify hazards and those Sailors who need to be placed on surveillance/certification programs

- Use MedMatrix
  - http://www.med.navy.mil/sites/nmcphc/occupational-and-environmental-medicine/oemd/Pages/medical-matrix-online.aspx

- Track on QA report